



TEXAS
Health and Human
Services

Mental Health and Intellectual Developmental Disabilities (MH-IDD)

Participant Training

Random Moment Time Study

What is Random Moment Time Study (RMTS)

- ☐ Measures the participant's time performing work activities.
- ☐ The "Moment" represents one minute of time.
 - The participant should only respond to what activity was being done at the exact time their moment occurs.
 - Do not include a summary of job duties for the day or job description.
 - Do not list multiple activities.
- ☐ Statewide time study sample.
 - The participant will still respond to their moment if providing services outside of their entity by including the name of the entity they are providing the services for.



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Contacts – Participants

Participants

- ☐ Required to be trained annually (before their first moment occurs for the FFY).
 - Participants are trained by the HHSC trained RMTS contact.
- ☐ Must answer each of the questions in the sampled moment.
 - Failure to enter the information will disqualify the moment.
- ☐ Notified of their sampled moment 3 days in advance.
 - Enter response within 5 business days of moment.
 - Reminders sent to participants via e-mail at 24, 48, & 72 hrs.
 - Primary RMTS Contact is copied on the 72- hour reminder.
- ☐ Receives email from coders if follow-up information is needed.
 - Participant is required to respond within 3 business days from receipt of e-mail.
 - Primary RMTS Contact will be copied on the e-mail.



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RMTS Moment Notification



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From: [REDACTED]@fairbanksllc.com



To: [REDACTED]



Cc & Bcc

Medicaid Random Moment Time Study AJ22

Name: [REDACTED]
District [REDACTED]
District Contact: [REDACTED]
RMTS Category: Outreach Worker (MAC ONLY)
Random Moment: 10:56 AM on 04/14/2022

You have been selected to participate in the Random Moment Time Study (RMTS) which is a brief online survey on behalf of your school District. Your participation is mandatory and assists your school District in obtaining reimbursement for school-based health and outreach activities.

In order to complete the Random Moment Time Study, you will need to go to www.fairbanksllc.com and select CLIENT LOGIN (in upper right hand corner). You will then need to login with the information below and answer three simple questions to report the activity you were performing at your sampled moment of 10:56 AM on 04/14/2022.

User Name: [REDACTED]
Password: [REDACTED]

If you need any assistance or have any questions, please contact your District Contact listed above or the Fairbanks support line at (888) 321-1225 or at info@fairbanksllc.com.

Sent from [Mail](#) for Windows

RMTS Moment – Fairbanks LLC



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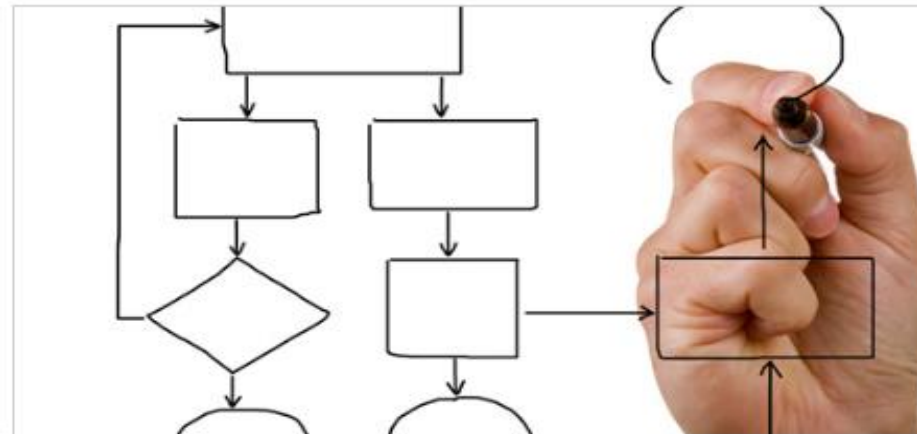
[Texas Cost Reporting](#)

[Texas ECI](#)

[Texas ISD](#)

[Texas LHD](#)

[Texas MH-IDD](#)



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Develop the s

Uncompromised quality and client service.

Fairbanks provides a depth of industry, programmatic and technology expertise as well as an extensive geographical reach. We are a firm that is dedicated to each client's success, the excellence of our people, and a spirit of partnership. [More about Fairbanks LLC >](#)

What We Do

Fairbanks partners with government agencies to provide strategic, operational, and technology solutions to support Medicaid and other claiming programs.

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Who We Work With

Fairbanks understands and is focused on the public sector. Our major clients include State Medicaid agencies and local government agencies.

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RMTS Moment – Login



User Name:

Your Password:

Forgot your password? Reset it here:

For Texas Cost Report users, please [click here](#)

For questions, please contact Fairbanks Client Information Center: **(888) 321-1225** or info@fairbanksllc.com

For ICF/ID, HCS/TxHmL and CPC questions, please contact: **(877) 354-3831**

For Kentucky Medicaid SBHS Cost Report questions, please contact: **(866) 303-7501**

For Missouri SDAC questions, please contact: **(877) 285-0388**

For Nebraska questions, please contact: **(877) 219-1316**

For New Mexico MSBS questions, please contact: **(877) 340-1453**

For New Mexico HSD sister agency questions, please contact: **(877) 354-3842**

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Random Moment Time Study

Welcome to the Random Moment Time Study. Your participation in the random moment Time Study is an integral component for your program to receive Federal reimbursement and should only take a few minutes to complete.

Please complete the following screen indicating the activity that you were performing during your sampled date and time, providing as much detail as possible. If you have any questions, do not hesitate to contact the Fairbanks Client Information Center at (888) 321-1225.

[Start Random Moment Time Study](#)

Your Profile ([Edit](#))

Name: Email: Program:  (ECI)MAC Category: Speech Language Pathologist -
Licensed (SLP)

Reference Materials

 [RMTS Information Website \(TX - HHSC\)](#)

Do You Need Help?

For any additional questions, please contact the Fairbanks Client Information Center at (888) 321-1225.



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RMTS Moment - Instruction Screen



Welcome, [redacted] ([Logout](#))

Random Moment Time Study

RMTS Training & Completion Instructions

You have been selected to participate in the Random Moment Time Study on behalf of your organization. You are required to complete the following Time Study questionnaire, which will ask you several questions that you will answer for your sampled date and time. The specific information that you provide on the Time Study is not shared with your organization, however it is reviewed by Fairbanks personnel and coded for Medicaid reimbursement purposes. As a result, it is important that you complete the Time Study accurately.

The following provides guidance on the accurate completion of the Time Study:

1. Please keep in mind that you are responding for one precise minute in time.
2. Choices are provided for your convenience. If you do not see a response that applies, click "other" and provide details.
3. If you use acronyms in the description of your activity, please provide a definition of the acronym.
4. If you were with a child, Do not provide client-specific names, instead your response can state that you were working with a child or group of children.
5. Some responses do not provide enough description. Examples of unacceptable responses:
 - "I was doing my job."
 - "I was completing my job responsibilities."
 - "I was completing this time study form."
6. If insufficient information is provided, you will receive a follow-up email or phone call requesting more information.
7. If you are travelling at the selected moment, please associate the time spent travelling with the activity you will be performing when you are done travelling. For example, travelling to a direct service appointment, the travel time is reported as direct service.
8. The term **caregiver** includes all individuals who are responsible for the child's safety and well being throughout the day. Examples: Parent, foster parent, extended family, daycare provider.
9. Time spent **travelling** to or from the activity is considered a part of that activity. For example, travel to a child's home to provide case management is considered as time spent providing case management.
10. Time spent **preparing** for the activity and **documenting** the activity are to be considered a part of that activity. For example, collecting the necessary forms in preparation of an evaluation is considered time spent performing the evaluation.

Please click on the button below to continue.

[Continue to Random Moment Time Study](#)

Your Profile ([Edit](#))

Name: [redacted]
Email: [redacted]
Program: [redacted]
(ECI)
MAC Category: [Early Intervention Specialist](#)
(EIS)

Reference Materials

[RMTS Information Website \(TX - HHSC\)](#)

Do You Need Help?

For any additional questions, please contact the Fairbanks Client Information Center at (888) 321-1225.

Moment – MHIDD Questions

- ☐ **WHAT** were you doing?
- ☐ **WHY** were you doing it?
- ☐ **WHAT** other services?
- ☐ **WHERE** do they reside?



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MHIDD Moment Response – Question #1

“What were you doing?”





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Welcome, [redacted] ([Logout](#))

Random Moment Time Study

 **YOUR TIME STUDY IS NOT COMPLETE.**

 **Random Moment Time:** [redacted], 08:16 AM Central Time

Please specify the activity you were engaged in during your selected moment. If the activity you were performing is not on the list, please select 'None of the Above'

- | | |
|---|---|
| <input type="radio"/> Abnormal Involuntary Movement Scale (AIMS) | <input type="radio"/> Not at work |
| <input type="radio"/> Application for funding or monetary assistance | <input type="radio"/> Outreach  |
| <input type="radio"/> Befriending/engagement/rapport building  | <input type="radio"/> Policy development and program planning  |
| <input type="radio"/> Break | <input type="radio"/> Quality assurance/improvement/management  |
| <input type="radio"/> Client rights  | <input type="radio"/> Referral and linking to services |
| <input type="radio"/> Court testimony | <input type="radio"/> Residential services  |
| <input type="radio"/> Financial assistance  | <input type="radio"/> Screening |
| <input type="radio"/> General administrative function  | <input type="radio"/> Service provider network - including contractors  |
| <input type="radio"/> Intake  | <input type="radio"/> Service provider relations |
| <input type="radio"/> Interagency Coordination  | <input type="radio"/> Staff supervision  |
| <input type="radio"/> Lunch | <input type="radio"/> Staff training  |
| <input type="radio"/> Medical services  | <input type="radio"/> Translation |
| <input type="radio"/> Meeting/staffing | <input type="radio"/> Transportation  |
| <input type="radio"/> Money Follows the Person (MFP) services | <input type="radio"/> Utilization management/review |
| <input type="radio"/> Monitoring  | <input type="radio"/> None of the Above |

[Next](#)

Your Profile ([Edit](#))

Name: [redacted]
Email: [redacted]
Program: [redacted]
MAC Category: Direct Care Personnel

Reference Materials

 [RMTS Information Website \(TX - HHSC\)](#)

Do You Need Help?

For any additional questions, please contact the Fairbanks Client Information Center at (888) 321-1225.

MHIDD Moment Response – Question #1, “None of the above”



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Random Moment Time Study

YOUR TIME STUDY IS NOT COMPLETE.

Random Moment Time: [redacted] 08:16 AM Central Time

Previous Answer:

PLEASE SPECIFY THE ACTIVITY YOU WERE ENGAGED IN DURING YOUR SELECTED MOMENT. IF THE ACTIVITY YOU WERE PERFORMING IS NOT ON THE LIST, PLEASE SELECT 'NONE OF THE ABOVE'
[EDIT](#) NONE OF THE ABOVE

Were you engaged in:

- ☐ Mental Health specific activities
- ☐ Intellectual and Developmental Disabilities (IDD) specific activities
- ☐ None of the Above

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Your Profile ([Edit](#))

Name: [redacted]
Email: [redacted]
Program: [redacted]
MAC Category: Direct Care Personnel

Reference Materials

[RMTS Information Website \(TX - HHSC\)](#)

Do You Need Help?

For any additional questions, please contact the Fairbanks Client Information Center at (888) 321-1225.

MHIDD Moment Response – Question #1

“None of the above – MH Specific Activities”



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Random Moment Time Study

YOUR TIME STUDY IS NOT COMPLETE.

Random Moment Time: [redacted] 08:16 AM Central Time

Previous Answer:

WERE YOU ENGAGED IN:
[EDIT MENTAL HEALTH SPECIFIC ACTIVITIES](#)

What type of Mental Health specific activities did you perform? If the activity you were performing is not on the list, please select 'None of the Above'

- | | |
|---|--|
| <input type="radio"/> Case Management - Routine or Intensive | <input type="radio"/> Parent Support Group |
| <input type="radio"/> Consumer Peer Support | <input type="radio"/> Pharmacological Management |
| <input type="radio"/> Counseling | <input type="radio"/> Pre-Admission Assessment |
| <input type="radio"/> Crisis Follow-up and Relapse Prevention | <input type="radio"/> Psychiatric Diagnostic Interview Examination |
| <input type="radio"/> Determination of Medical Necessity | <input type="radio"/> Rehabilitative services |
| <input type="radio"/> Discharge planning or ATP from a state hospital | <input type="radio"/> Respite Services |
| <input type="radio"/> Engagement Activity | <input type="radio"/> Safety Monitoring |
| <input type="radio"/> Extended Observation | <input type="radio"/> Supplemental Nursing Services |
| <input type="radio"/> Family Case Management | <input type="radio"/> Supported Employment |
| <input type="radio"/> Family Partner | <input type="radio"/> Supported Housing |
| <input type="radio"/> Family Training | <input type="radio"/> None of the Above |

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Your Profile ([Edit](#))

Name: [redacted]
Email: [redacted]
Program: [redacted]
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Do You Need Help?

For any additional questions, please contact the Fairbanks Client Information Center at (888) 321-1225.

MHIDD Moment Response – Question #1

“None of the above – IDD Specific Activities”



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Random Moment Time Study

YOUR TIME STUDY IS NOT COMPLETE.

Random Moment Time [redacted], 08:16 AM Central Time

Previous Answer:

WERE YOU ENGAGED IN:
[EDIT](#) INTELLECTUAL AND DEVELOPMENTAL DISABILITIES (IDD) SPECIFIC ACTIVITIES

What type of Intellectual and Developmental Disabilities (IDD) specific activities did you perform? If the activity you were performing is not on the list, please select 'None of the Above'

- ☐ Basic Service Coordination
- ☐ Capacity Assessment
- ☐ Community Services
- ☐ Determination of Intellectual and Developmental Disabilities (IDD) Priority Population
- ☐ Enrollment into HCS/ICF-IDD/State Supported Living Center/TxHmL
- ☐ Home and Community-based Services (HCS)
- ☐ Interest list maintenance
- ☐ Inventory of Client and Agency Planning (ICAP) and IDD/Related Conditions (IDD/RC) assessment
- ☐ Medicaid Estate Recovery Program (MERP)
- ☐ Service Authorization and Monitoring
- ☐ Service Coordination Assessment
- ☐ Service Coordination - HCS or TxHmL
- ☐ Transition planning
- ☐ Texas Home Living (TxHmL) services
- ☐ None of the Above

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Your Profile ([Edit](#))

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Email: [redacted]
Program: [redacted]
MAC Category: Direct Care Personnel

Reference Materials

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Do You Need Help?

For any additional questions, please contact the Fairbanks Client Information Center at (888) 321-1225.

MHIDD Moment Response – Question #2

“Why were you doing this activity?”



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YOUR TIME STUDY IS NOT COMPLETE.

Random Moment Time: [redacted] 08:16 AM Central Time

Previous Answer:

PLEASE SPECIFY THE ACTIVITY YOU WERE ENGAGED IN DURING YOUR SELECTED MOMENT. IF THE ACTIVITY YOU WERE PERFORMING IS NOT ON THE LIST, PLEASE SELECT 'NONE OF THE ABOVE'
[EDIT](#) OUTREACH

Why were you doing this activity?

- ☐ To tell people about a service or to explain the benefits of a service
- ☐ To enroll the person or their child into a service
- ☐ To help the person navigate the service system
- ☐ To help the person or their child to obtain a needed service
- ☐ To coordinate services for someone
- ☐ To ensure that the client/consumer is benefiting from the service being provided
- ☐ To refer the person to a needed service
- ☐ To report on the client/consumer's progress
- ☐ To make sure the client(s)/consumer(s) present are safe and/or there are enough staff present
- ☐ To provide a service
- ☐ Other

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Do You Need Help?

For any additional questions, please contact the Fairbanks Client Information Center at (888) 321-1225.

Response – Question #2

Why were you doing this activity?

- ☐ **To tell someone about a service or to explain the benefits of a service**

Is the person or their child already receiving services from your agency?

Yes

No

Is the recipient or potential recipient under the age of 21?

Yes

No

Identify the service (prompts service list)

- ☐ **To enroll the person in a needed service**

Is the recipient or potential recipient under the age of 21?

Yes

No

Identify the service (prompts service list)

- ☐ **To help the person navigate the service system**

Is the recipient or potential recipient under the age of 21?

Yes

No

Identify the service (prompts service list)



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Response – Question #2

Why were you doing this activity?

- ☐ To help the person obtain a needed service

Is the recipient or potential recipient under the age of 21?

Yes

No

Identify the service (prompts service list)

- ☐ To coordinate services for someone

Is the recipient or potential recipient under the age of 21?

Yes

No

Identify the service (prompts service list)

- ☐ To ensure the benefit of provided services

Is the recipient or potential recipient under the age of 21?

Yes

No

Identify the service (prompts service list)

- ☐ To refer the person to a needed service

Is the recipient or potential recipient under the age of 21?

Yes

No

Identify the service (prompts service list)



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Response – Question #2

Why were you doing this activity?

☐ **To report on the person's progress**

Is the recipient or potential recipient under the age of 21?

Yes

No

Identify the service (prompts service list)

☐ **To ensure the person's safety and adequate staff**

Is the recipient or potential recipient under the age of 21?

Yes

No

Identify the service (prompts service list)

☐ **To provide a service**

Is the recipient or potential recipient under the age of 21?

Yes

No

Identify the service (prompts service list)

☐ **Other (text box)**

(Explain why you were performing the activity)



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MHIDD Moment Response – Question #2, Pt 2

“Is this person or child already receiving services?”




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 **YOUR TIME STUDY IS NOT COMPLETE.**

 Random Moment Time: [redacted], 08:16 AM Central Time

Previous Answer:

 **WHY WERE YOU DOING THIS ACTIVITY?**
[EDIT](#) TO TELL PEOPLE ABOUT A SERVICE OR TO EXPLAIN THE BENEFITS OF A SERVICE

Is the person or their child already receiving services from your agency?

- ☐ Yes
☐ No

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Your Profile ([Edit](#))

Name: [redacted]
Email: [redacted]
Program: [redacted]
MAC Category: Direct Care Personnel

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Do You Need Help?

For any additional questions, please contact the Fairbanks Client Information Center at (888) 321-1225.

Service List

Academic / GED / school

Assistive technology services/devices

Audiology

Basic Service Coordination

Case Management routine or intensive

Community Living Options information process

Community Services (hover over) respite, employment asst., nursing, day habilitation, vocational training, etc.

Consumer Peer Support

Continuity of Services – IDD

Counseling

Crises Follow-up

Day Activity and Health Services (DAHS)

Day Care

Dental Care

Early Childhood Intervention

Employment/Vocational

Extended Observation

Family Case Management

Family Partner

Family Training

Genetic Counseling

HCS



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(cont'd) Service List

Head Start

Home Health Care/DMEPOS

Homelessness/PATH

Hospice

Hotline

Housing

ICF-IDD/RC

In Home Family Support

Inventory of Client & Agency Planning

Legal

Medicaid Estate Recovery Program

Medical (hover over) hospital, lab, medication, nursing, physician, x-ray

Nutrition

Occupational Therapy

Parenting classes

Parenting Support Group

Permanency Planning

Physical therapy

Rehabilitation Services (hover over) Crises Intervention, Medication training and support, Psychosocial Rehab, Day programs acute need, Skills training and development



(cont'd) Service List

Residential services (hover over) Crises residential treatment, Crises Stabilization Unit, Residential treatment , ICF-IDD/RC, HCS, Family Living, Residential Living, Contracted Specialized Residences

Psychology

Respite

Safety Monitoring

Service Authorization and monitoring

Service Coordination – HCS or TxHmL

Speech therapy

Substance use, substance abuse, chemical dependency

Supplemental Nursing Services

Supported Employment

Supported Housing

Transportation

TxHmL

None of the above



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MHIDD Moment Response – Question #3

“Does the client/consumer also receive?”



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YOUR TIME STUDY IS NOT COMPLETE.

Random Moment Time [redacted], 08:16 AM Central Time

Previous Answer:

PLEASE IDENTIFY THE SERVICE/ACTIVITY THAT WAS DISCUSSED OR PERFORMED
[EDIT](#) BASIC SERVICE COORDINATION

Does the client/consumer also receive:

- ☐ Basic Service Coordination
- ☐ Case Management - Intensive or Routine
- ☐ Psychosocial Rehabilitative Services
- ☐ Service Coordination - HCS or TxHmL
- ☐ None of the above

[Next](#)

Your Profile ([Edit](#))

Name: [redacted]
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Program: [redacted]
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Reference Materials

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Do You Need Help?

For any additional questions, please contact the Fairbanks Client Information Center at (888) 321-1225.

Moment – Question #3

What other services?

☐ **Basic Service Coordination**

Yes

No

☐ **Case Management – Intensive or Routine**

Yes

No

☐ **Psychosocial Rehabilitative Services**

Yes

No

☐ **Service Coordination – HCS or TxHmL**

Yes

No

☐ **None of the above (text box)**



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MHIDD Moment Response – Question #4

“Is the client/consumer currently admitted to, enrolled in or residing in:?”



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Random Moment Time Study

YOUR TIME STUDY IS NOT COMPLETE.

Random Moment Time:

08:16 AM Central Time

Previous Answer:

✓ DOES THE CLIENT/CONSUMER ALSO RECEIVE:

[EDIT](#) CASE MANAGEMENT - INTENSIVE OR ROUTINE

Is the client/consumer currently admitted to, enrolled in, or residing in:

☐ Correctional facility

☐ Early Childhood Intervention

☐ General medical hospital

☐ HCS

☐ ICF-IDD/RC

☐ Inpatient psychiatric treatment or substance abuse facility of 17 or more beds

☐ NorthSTAR

☐ Nursing facility

☐ PATH

☐ TxHmL

☐ None of the above

Next

Your Profile [\(Edit\)](#)

Name:

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Program:

MAC Category:

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Do You Need Help?

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For questions, please contact Fairbanks LLC Client Information Center: (888) 321-1225 or info@fairbanksllc.com

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Response – Question #4

“Is the client/consumer currently admitted to, enrolled in or residing in:?”

☐ **Correctional facility**

(hover over) Includes jail, detention center, boot camp

☐ **Early Childhood Intervention**

☐ **General Medical Hospital**

(hover over) Does not include day surgery or the emergency room

☐ **HCS**

☐ **ICF-IDD/RC**

(hover over) Includes State Supported Living Centers

Is the consumer within 180 days of discharge?

Yes

No

Are they being discharged to an inpatient psychiatric treatment or substance abuse facility, a correctional facility, nursing facility or State Supported Living Center?

Yes

No



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Response – Question #4

“Is the client/consumer currently admitted to, enrolled in or residing in:?”

☐ Inpatient psychiatric treatment or substance abuse facility of 17 or more beds

☐ NorthSTAR

☐ Nursing facility (hover over) Nursing home

Are they within 180 days of discharge?

Yes

No

Are they being discharged to an inpatient psychiatric treatment or substance abuse facility, a correctional facility, ICF-IDD/RC, State Supported Living Center, or nursing facility?

Yes

No

☐ PATH

☐ TxHmL

☐ None of the above



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Time Study Completion – MHIDD “Certify/Submit”



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Welcome, (Logout)

Random Moment Time Study

YOUR TIME STUDY IS NOT COMPLETE.

Random Moment Time: 08:16 AM Central Time

You have completed the Random Moment Time Study. Please take a moment to review your answers, and make any corrections. When you are ready, please hit the "Certify & Submit" button to finalize your survey responses.

Please specify the activity you were engaged in during your selected moment. If the activity you were performing is not on the list, please select 'None of the Above'
[Edit](#) Monitoring

Why were you doing this activity?
[Edit](#) To tell people about a service or to explain the benefits of a service

Is the person or their child already receiving services from your agency?
[Edit](#) Yes

Is the recipient or potential recipient(s) of this service under the age of 21?
[Edit](#) Yes

Please identify the service/activity that was discussed or performed
[Edit](#) Basic Service Coordination

Does the client/consumer also receive:
[Edit](#) Case Management - Intensive or Routine

Is the client/consumer currently admitted to, enrolled in, or residing in:
[Edit](#) HCS

[Certify & Submit](#)

Your Profile ([Edit](#))
Name:
Email:
Program:
MAC Category: Direct Care Personnel

Reference Materials
[RMTS Information Website \(TX - HHSC\)](#)

Do You Need Help?
For any additional questions, please contact the Fairbanks Client Information Center at (888) 321-1225.

For questions, please contact Fairbanks LLC Client Information Center: (888) 321-1225 or info@fairbanksllc.com

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Time Study Completion – MHIDD “Print” Receipt



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Welcome, [redacted] ([Logout](#))

Random Moment Time Study

✓ CONGRATULATIONS LEONEL DIAZ, YOU HAVE COMPLETED THE TIME STUDY!

🕒 Random Moment Time: [redacted] 08:16 AM Central Time

Thank you for participating in the MAC time study! You have now completed the necessary steps required for participation. We appreciate your participation in this important program. You may now logout or close this window.

[Print](#) [Confirmation Receipt](#)

Your Profile

Name: [redacted]
Email: [redacted]
Program: [redacted]
MAC Category: Direct Care Personnel

Reference Materials

 [RMTS Information Website \(TX - HHSC\)](#)


Do You Need Help?


For any additional questions, please contact the Fairbanks Client Information Center at (888) 321-1225.

For questions, please contact Fairbanks LLC Client Information Center: (888) 321-1225 or info@fairbanksllc.com


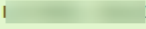

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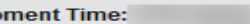
Time Study Completion – MHIDD “Confirmation” Receipt

 **FAIRBANKS** LLC

Welcome,  ([Logout](#))

Random Moment Time Study

  , YOUR MAC TIME STUDY IS COMPLETE AND WAS CERTIFIED BY FAIRBANKS AT 
08:39 AM CENTRAL TIME.

 **Random Moment Time:**  08:16 AM Central Time

Here are your answers:

Please specify the activity you were engaged in during your selected moment. If the activity you were performing is not on the list, please select 'None of the Above'
Monitoring

Why were you doing this activity?
To tell people about a service or to explain the benefits of a service

Is the person or their child already receiving services from your agency?
Yes

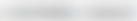


Is the recipient or potential recipient(s) of this service under the age of 21?
Yes


Please identify the service/activity that was discussed or performed
Basic Service Coordination

Does the client/consumer also receive:
Case Management - Intensive or Routine

Is the client/consumer currently admitted to, enrolled in, or residing in:
HCS

[Print](#)

Your Profile
Name: 
Email: 
Program: 
MAC Category: Direct Care Personnel

Reference Materials
 [RMTS Information Website \(TX - HHSC\)](#)

Do You Need Help?
For any additional questions, please contact the Fairbanks Client Information Center at (888) 321-1225.

For questions, please contact Fairbanks LLC Client Information Center: (888) 321-1225 or info@fairbanksllc.com

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Questions and Contact Information

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Thank you!!!😊

Time Study Unit

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